

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Hung N. Pham,

Debtor(s).

Bankr. No. 04-40165-RJK
Chapter 7 Case

**NOTICE OF HEARING AND
VERIFIED MOTION REGARDING
OBJECTION TO ALLOWANCE OF
CLAIM**

1. John R. Stoebner, trustee of the above-captioned estate, moves the Court for the relief requested below and gives notice of hearing herewith.

2. The Court will hold a hearing on this motion on October 6, 2004, at 9:30 a.m., in Courtroom No. 8 West, at U.S. Courthouse, 300 South Fourth Street, Minneapolis, Minnesota 55415, or as soon thereafter as counsel can be heard. Any response to this motion must be filed and delivered not later than September 29, 2004, which is seven days before the time set for the hearing, or filed and served by mail not later than September 24, 2004, which is ten days before the time set for the hearing. **IF NO RESPONSE IS TIMELY SERVED AND FILED, THE COURT MAY GRANT THE RELIEF REQUESTED WITHOUT A HEARING.**

3. This Court has jurisdiction over this motion pursuant to 28 U.S.C. §§ 157 and 1334, Bankruptcy Rule 5005 and Local Rule 1070-1. This proceeding is a core proceeding. The petition commencing this case as a Chapter 7 case was filed on January 14, 2004, and the case is now pending before this Court.

4. This motion arises under 11 U.S.C. § 502 and Bankruptcy Rule 3007. This motion is filed under Bankruptcy Rule 9014 and Local Rules 3007-1 and 9013-1 through 9019-1(d). Movant requests relief with respect to the following objection to allowance of claim. A

true and correct copy of said claim is attached to the Motion as filed with the Court. A complete copy of this Motion and attached claim may be viewed at the Bankruptcy Court's web site at www.mnb.uscourts.gov.

5. Sterling Inc. dba Goodman Jewelers ("Sterling") filed a Proof of Claim in the above-captioned case on May 27, 2004, in the amount of \$9,593.86 as an unsecured, non-priority claim. The Bankruptcy Clerk filed said claim as Claim No. 19.

6. The Trustee objects to Sterling's claim since it is inconsistent with the Reaffirmation Agreement, which Sterling sent to the debtor on January 29, 2004, and the attachments to the Proof of Claim, which indicate that Sterling Inc. dba Goodman Jewelers has a security interest in certain goods. The Trustee sent a written request to Sterling for an explanation for its position regarding the classification of its claim. However, Sterling failed to respond. Therefore, Claim No. 19 should be disallowed.

WHEREFORE, the Trustee respectfully moves the Court for an Order that disallows the aforesaid claim, and for such other relief as may be just and equitable.

LAPP, LIBRA, THOMSON, STOEBNER
& PUSCH, CHARTERED

Dated: August 27, 2004

/e/ John R. Stoebner
John R. Stoebner (#140879)
One Financial Plaza, Suite 2500
120 South Sixth Street
Minneapolis, MN 55402
612/ 338-5815

Attorneys for Trustee


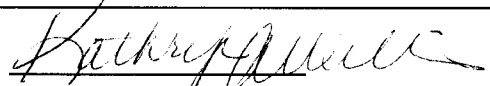
VERIFICATION

I, John R. Stoebner, the moving party named in the foregoing Notice of Hearing and Motion, declare under penalty of perjury that the foregoing is true and correct according to the best of my knowledge, information, and belief.

Executed on August 27, 2004

/e/ John R. Stoebner
John R. Stoebner, Trustee

Y:\DOC\04\040069\claim objection motion.doc

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA		PROOF OF CLAIM WWR# 3383973	Chapter 7
In re (Name of Debtor) HUNG N. PHAM		Case Number 04-40165	This Space is for Court Use Only 
NOTE: This form should not be used to make a claim for administrative expenses after commencement of the case. A "request" of payment may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The entity to whom Debtor owes money or property) STERLING INC, DBA GOODMAN JEWELERS		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Send all payments to: c/o Weltman, Weinberg & Reis, Co., LPA 323 W. Lakeside Ave., 2nd Fl. Cleveland, OH 44113		ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES 3058353370	
1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: 11/29/01		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> SECURED CLAIM \$ plus interest at a rate of _____ % per annum from _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe) Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$2000). Earned not more than 90 days before filing of the bankruptcy petition or cessation of Debtor's business, whichever is earlier-11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use-11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units-11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other-11 U.S.C. §§ 507(a)(2), (a)(5)-(Describe briefly)	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$9,593.86 (Unsecured) \$ (Secured) \$ (Priority) \$9,593.86 (Total) () Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to Debtor. 7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This space is for Court Use Only	
Date: May 20, 2004			
 Kathryn A. Williams, (0069039) ecfdoh@weltman.com			

CUSTOMER Hung Nam
ADDRESS

TELEPHONE NO.

CITY 390245 STATE ZIP

FIRST PURCHASE

SOURCE CODE

Y N

ACCOUNT NO.

201781353370

CASH CREDIT CARD CHECK BANK CARD LIBRARY RETURN REV. CHG.

SKU NUMBER DISC. SOLD FOR

115420163 6999 11200

115420163 (2200 trade) 4000

78170015308 (split) 999

PAYMENT PROTECTION PLAN

BY ELECTING OPTIONAL PAYMENT PROTECTION PLAN INSURANCE, I ACKNOWLEDGE THAT: I DO NOT NEED TO PURCHASE THIS INSURANCE TO GET CREDIT AND I CAN GET SIMILAR COVERAGE, INCLUDING PROPERTY COVERAGE FROM ANY INSURER I CHOOSE. PAYMENT PROTECTION PLAN INCLUDES CREDIT LIFE, DISABILITY, INVOLUNTARY UNEMPLOYMENT, PROPERTY, JOB RETRAINING AND LEAVE OF ABSENCE TO THE EXTENT AVAILABLE IN MY STATE AS DESCRIBED IN THE SUMMARY OF INSURANCE COVERAGE. I READ AND I MEET THE ELIGIBILITY REQUIREMENTS SHOWN IN THE SUMMARY OF INSURANCE COVERAGE. MONTHLY PREMIUM CHARGES ARE BASED ON THE ACCOUNT BALANCE AND THE RATE SHOWN. I WILL RECEIVE NOTICE OF ANY RATE INCREASE. I MAY CANCEL ANY TIME. *PLEASE SEE THE SUMMARY OF INSURANCE COVERAGE PROVIDED ON THE REVERSE SIDE.

YES, PLEASE ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

SIGNATURE DATE OF BIRTH DATE

NO, DO NOT ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

SIGNATURE DATE

COVERAGE NOT AVAILABLE IN AL, HI, AND WA.

AUTHORIZATION CODES

SECURITY AGREEMENT

BUYER AGREES THAT IF THERE IS AN AMOUNT CHARGED TO GOODMAN JEWELERS REVOLVING CHARGE SHOWN ABOVE:
1. SELLER HEREBY RETAINS A SECURITY INTEREST IN THE GOODS DESCRIBED ABOVE (EXCEPT IN CT, MD (ON ANY PURCHASE UNDER \$100) AND NY (ON ANY PURCHASE UNDER \$200)) UNTIL THE UNPAID BALANCE OF SUCH GOODS IS FULLY PAID AND IT IS EXPRESSLY AGREED AND UNDERSTOOD THAT, IN THE EVENT OF DEFAULT, SELLER SHALL BE ENTITLED TO POSSESSION OF THE GOODS, AND/OR THE ENTIRE UNPAID BALANCE SHALL BECOME DUE AND PAYABLE IN THE MANNER AND TO THE EXTENT PERMITTED BY APPLICABLE LAW.
2. IN ADDITION, THE TERMS OF THE GOODMAN JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT SIGNED BY BUYER PREVIOUSLY SHALL ALSO GOVERN THIS PURCHASE AND ALL THE TERMS AND CONDITIONS OF THAT AGREEMENT ARE INCORPORATED IN AND SHALL BE A PART OF THIS SECURITY AGREEMENT.

GOODMAN JEWELERS
P.O. BOX 3680, AKRON, OHIO 44308-0614

Hung Nam 12-06-01 DATE

BUYER'S SIGNATURE DATE CO-BUYER DATE

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

RETURN INFORMATION

ORIGINAL SALES SLIP ORIGINAL DATE ORIGINAL SALESPERSON

REASON FOR RETURN exchange w/ trade MANAGER SIGNATURE Don

CUSTOMER SIGNATURE



Goodman
JEWELERS

12/06/01 17:21
0112-2-1217-093377

Customer Name: HUNG NAM

LD N PURCHASES/RETURNS

Dpt Sku Disc Retail Sold

2 1 1542063 ADV 6999.00 -6200.00

14YB ROUND CUT SOL RING

1 1 1542063 ADV 6999.00 4000.00

TradeIn Disc: 2200.00

Splitset Disc: 125.00

Guarantee #5011-3810

14YB ROUND CUT SOL RING

1 9 870015308 934.00 934.00

Guarantee #5011-3828

0.00NT -1266.00T SUBTOT -1266.00

SALES TAX -82.29

TOTAL -1348.29

PPP-N TOTAL DOWN PAYMENT 0.00

K305353370 REG CREDIT PLAN -1348.29

SLSPRN 396245 266742

TAX TYPE 1 STANDARD

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE

WITHIN 90 DAYS (30 DAYS FOR WATCHES)

CUSTOM DESIGNED JEWELRY NOT RETURNABLE

GENCRIDE SERVICE IS NON-REFUNDABLE

Total balance 6603.00
less credit -1348.29
\$ 5254.71
approx w/out finance chg

RECEIPT MUST ACCOMPANY ALL EXCHANGES / REFUNDS.
SEE BACK FOR REFUND INFORMATION.

738.3973

CUSTOMER

ADDRESS

CITY

STATE

ZIP

SALESPERSON NO.

CASH

CHECK

BANK CARD

LOYALTY

RETURN

REV. CASH

TELEPHONE NO.

FIRST PURCHASE

SOURCE CODE

ACCOUNT NO.

31058353370



Goodman

JEWELERS

03/03/02 18:32

0112-1-8729-098288

Customer Name: HUNG PHAM

LD N PURCHASES/RETURNS

Dpt	SKU	Desc	Retail	Sold
1	1 2150482	ADV	2999.00	2250.00

Guarantee #7213-4950

1418 FASHION DIAMOND RG

1	1 2423352	ADV	199.00	150.00
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Guarantee #7213-4968

1012 DIAMOND EARRINGS

1	1 5064HMS	ADV	449.00	269.00
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Guarantee #7213-4976

1/4 DIA WG REARDOOP

1	4 7073517	ADV	229.00	114.50
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1418 FANCY 16"

1	800 870015308		0.00	69.99
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SENT NTB

ESP SP 812820 396245

HOLIDAY DOLLAR DISCOUNT 1300.00

69.99NT 1483.50T SUBTOT 1553.49

SALES TAX 96.43

TOTAL 1649.92

CASH 335.00

PPP-N TOTAL DOWN PAYMENT 335.00

83058353370 IF45 CREDIT PLAN 1314.92

PAYMENT ON THIS PURCHASE IS 110.00

To maintain Interest Free on THIS sale,
each minimum monthly payment must be
received by due date on your statement.

ESP NAME HUNG PHAM

SLSPRSH 812820 396245

TAX TYPE 1 STANDARD

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE

WITHIN 90 DAYS (30 DAYS FOR WATCHES)

CUSTOM DESIGNED JEWELRY NOT RETURNABLE

GENSCRIPT SERVICE IS NON-REFUNDABLE

PAYMENT PROTECTION PLAN

BY ELECTING OPTIONAL PAYMENT PROTECTION PLAN INSURANCE, I ACKNOWLEDGE THAT: I DO NOT NEED TO PURCHASE THIS INSURANCE TO GET CREDIT AND I CAN GET SIMILAR COVERAGE, INCLUDING PROPERTY COVERAGE FROM ANY INSURER I CHOOSE. PAYMENT PROTECTION PLAN INCLUDES CREDIT LIFE, DISABILITY, INVOLUNTARY UNEMPLOYMENT, PROPERTY, JOB RETRAINING AND LEAVE OF ABSENCE TO THE EXTENT AVAILABLE IN MY STATE AS DESCRIBED IN THE SUMMARY OF INSURANCE COVERAGE. I READ AND I MEET THE ELIGIBILITY REQUIREMENTS SHOWN IN THE SUMMARY OF INSURANCE COVERAGE. MONTHLY PREMIUM CHARGES ARE BASED ON THE ACCOUNT BALANCE AND THE RATE SHOWN. I WILL RECEIVE NOTICE OF ANY RATE INCREASE. I MAY CANCEL ANY TIME.

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YES, PLEASE ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

SIGNATURE _____ DATE OF BIRTH _____ DATE _____

NO, DO NOT ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

SIGNATURE _____ DATE _____

N1990-0299 NonStd ID #19

COVERAGE NOT AVAILABLE IN AL, HI, AND WA

AUTHORIZATION CODES _____

SECURITY AGREEMENT

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GOODMAN JEWELERS
P.O. BOX 3680, AKRON, OHIO 44308-0614

Hung Pham

BUYER'S SIGNATURE _____ DATE _____ CO-BUYER _____ DATE _____

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

RETURN INFORMATION		
ORIGINAL SALES SLIP	ORIGINAL DATE	ORIGINAL SALESPERSON
REASON FOR RETURN		MANAGER SIGNATURE
CUSTOMER SIGNATURE		

RECEIPT MUST ACCOMPANY ALL EXCHANGES / REFUNDS.
SEE BACK FOR REFUND INFORMATION.

763-561-5706

CUSTOMER

ADDRESS

CITY

STATE

ZIP

SALESPERSON NO.

CASH

CHECK

BANK CARD

LOAN

RENT

RENT

TELEPHONE NO.

FIRST PURCHASE

SOURCE CODE

ACCOUNT NO.

3058353370



Goodman

JEWELERS

04/30/02 18:54

0112-1-0512-000314

Customer Name: HUNG PHAM

LO

N

PURCHASES/RETURNS

Dpt	Qty	Dec	Retail	Sold
2	1	8849642	ABU	3999.00 -2400.00
14Y8 SOLITAIRE EARRINGS				
1	1	2152546	ADU	2999.00 2574.10
Splitset Decs: 125.00				

Guarantee #3013-9752

1	62	51	512	F6		
1	631	19161735			0.00	125.00

SUPPLY AND SET NEW CROWN			
0.00NT	299.10T	SUBTOT	299.10

SALES TAX		19.44
TOTAL		318.54

PPP-N	TOTAL DOWN PAYMENT	0.00
83058353370	REG CREDIT PLAN	318.54

SLSPRN 396245 812820 148530 266742

TAX TYPE 1 STANDARD

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE
WITHIN 90 DAYS (30 DAYS FOR WATCHES)
CUSTOM DESIGNED JEWELRY NOT RETURNABLE
GENSCRIPT SERVICE IS NON-REFUNDABLE

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YES, PLEASE ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

DATE OF BIRTH

DATE

SIGNATURE

NO, DO NOT ENROLL ME IN PAYMENT PROTECTION PLAN CREDIT INSURANCE

DATE

SIGNATURE

N1980-0289

NonStd ID #19

COVERAGE NOT AVAILABLE IN AL, HI, AND WA

AUTHORIZATION CODES

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GOODMAN JEWELERS

P.O. BOX 3680, AKRON, OHIO 44308-0814

BUYER'S SIGNATURE

DATE

CO-BUYER

DATE

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

RETURN INFORMATION

ORIGINAL

SALES SLIP

000030

ORIGINAL

DATE

4/21/02

ORIGINAL

SALESPERSON

K/L/D/13

REASON

FOR RETURN

Didn't Like

MANAGER

SIGNATURE

CUSTOMER

SIGNATURE

X Hung Ph

RECEIPT MUST ACCOMPANY ALL EXCHANGES / REFUNDS.
SEE BACK FOR REFUND INFORMATION.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Chapter 7

Hung N. Pham,

BKY. No. 04-40165-RJK

Debtor(s)

UNSWORN CERTIFICATE OF SERVICE

I, Sarah L. Fortin, declare under penalty of perjury that on August 27, 2004, I mailed copies of the attached **Notice of Hearing and Verified Motion Regarding Objection to Allowance of Claim and proposed Order** by first class mail postage prepaid to each entity named below at the address stated below for each entity:

Hung N. Pham 7317 78 th Avenue North Brooklyn Park, MN 55445	Richard J. Pearson, Esq. P O Box 120088 New Brighton, MN 55112
U.S. TRUSTEE 1015 U.S. COURTHOUSE 300 SOUTH 4 TH STREET MINNEAPOLIS, MN 55415	Sterling Inc. dba Goodman Jewelers c/o Weltman, Weinberg & Reis, Co., LPA Attn: Kathryn A. Williams, Officer or Managing Agent 323 West Lakeside Avenue, 2 nd Floor Cleveland, OH 44113

Executed on: August 27, 2004

/e/ Sarah L. Fortin
Sarah L. Fortin, Legal Secretary
Lapp, Libra, Thomson, Stoeber &
Pusch, Chartered
120 South Sixth Street, Suite 2500
Minneapolis, MN 55402
612/338-5815

Y:\DOC\04\040069\claim obj unsworn.doc

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY Case No. 04-40165-RJK
Chapter 7 Case

Hung N. Pham,

ORDER REGARDING CLAIM

Debtor.

At Minneapolis, Minnesota this 6th day of October, 2004.

This matter came on for hearing before the undersigned Bankruptcy Judge on the 6th day of October, 2004, on the Trustee's objection to allowance of claim. Appearances, if any, were as noted in the record.

Upon the Motion of the Trustee, and the documents of record herein, and the Court being fully advised in the premises,

IT IS HEREBY ORDERED:

1. Claim No. 19 is disallowed.

Dated: _____, 2004

Robert J. Kressel
United States Bankruptcy Judge